NATIONAL HIV BEHAVIORAL SURVEILLANCE

WHAT IS THE PUBLIC HEALTH ISSUE?

In order to reduce the annual number of new HIV infections in the United States, information is needed about risk behaviors among groups of persons at high-risk for HIV infection, trends in these behaviors over time, and exposure to and use of HIV prevention services. Such information can help explain trends in HIV incidence, prevalence, and new diagnoses. These data can also be used to evaluate prevention programs and direct future HIV prevention activities.

Historically, risk behaviors have been assessed through the use of cross-sectional surveys (the presence or absence of exposure and disease are assessed at the same point in time) or longitudinal cohorts studies (subjects are classified on the basis of exposure to a particular factor, and then followed over time). CDC has conducted several cross-sectional studies on at-risk persons; however, these studies have been limited in time and geography and, therefore, were unable to measure changes in HIV-related risk behaviors over time in the United States.

WHAT HAS CDC ACCOMPLISHED?

As of 2004, CDC will have funded 25 Metropolitan Statistical Areas (MSA) to implement a behavioral surveillance system for three groups at highest risk for acquiring HIV infection: men who have sex with men (MSM), injecting drug users (IDU), and high-risk heterosexuals (HRH). The 25 MSAs were selected based on high AIDS prevalence and include Atlanta, Baltimore, Boston, Chicago, Dallas, Denver, Detroit, Ft. Lauderdale, Houston, Las Vegas, Los Angeles, Miami, New Orleans, New York City, Newark, Norfolk, Philadelphia, Phoenix, San Diego, San Juan (Puerto Rico), St. Louis, San Francisco, Seattle, Suffolk/Nassau, and Washington, D.C.

Example of Program in Action

The objectives of the new National HIV Behavioral Surveillance System are to assess risk behaviors among persons at high-risk for HIV infections; assess HIV testing behaviors; evaluate exposure to, use, and impact of prevention services; and follow trends in these behaviors over time. The overall national strategy involves conducting alternating 12-month cycles of surveillance in high-risk populations at highest risk for acquiring HIV infection. Standardized questionnaires will be used to collect information about behavioral risks for HIV, testing, and exposure to and use of prevention services. To date, about 700 questionnaires have been completed in seven MSAs.

WHAT ARE THE NEXT STEPS?

Over the next year, CDC will implement and evaluate national behavioral surveillance in MSM and pilot alternative sampling methods for IDUs. CDC will also develop computer-assisted technologies such as the audio-computer assisted interview and the handheld-assisted personal interview, to enhance survey administration and to pilot a study for using the Internet as a venue for recruiting survey participants. In the future, studies in HRH will be piloted to determine the best method to conduct behavioral surveillance in this population, and CDC will explore new approaches for collecting behavioral data that can be used in low to medium morbidity areas. Data collection for the additional MSAs will begin in 2004.

For additional information on this or other CDC programs, visit www.cdc.gov/program *January 2004*